

Beckman Oral Motor Evaluation Protocol

Caution: This information is to be used only under the direction of a therapist trained in the application of this information.




BECKMAN ORAL MOTOR EVALUATION PROTOCOL

Name _____ Caregivers or Parents _____
 Date of Birth _____ Date of Evaluation _____
 Address _____
 Email _____ Phone _____
 Diagnosis _____ Clinician _____

Lips General Observations, Response to Pressure and Movement:

(A) Range of Movement

| | | | | | | | | | |
|-----------------|-----|------------|------------|------------|-----------------|-----|------------|------------|------------|
| Upper (1) | | | | Lower (3) | | | | | |
| (A) Protrusion: | 1/1 | <u>2/3</u> | <u>1/3</u> | <u>0/3</u> | (A) Protrusion: | 1/1 | <u>2/3</u> | <u>1/3</u> | <u>0/3</u> |
| (A) Elongation: | 1/1 | <u>2/3</u> | <u>1/3</u> | <u>0/3</u> | (A) Elongation: | 1/1 | <u>2/3</u> | <u>1/3</u> | <u>0/3</u> |

(B) Strength (8a) Upper: 6/6 5/6 4/6 3/6 2/6 1/6 0/6  (B) Lower: 6/6 5/6 4/6 3/6 2/6 1/6 0/6

Alignment Base of Tongue (12)

(C) Position: At neutral **or** Below neutral : Moved to neutral with *mild / moderate / firm* pressure? Yes **No**

Gum Massage (13) Response to Pressure and Movement:

(A) Jaw Resting Range Posterior*: Adequate / Reduced / Expanded

(C) Alignment**: Lateral: Left: Adequate/ Shifted Right: Adequate/ Shifted
 A-P: Left: Adequate/ Shifted Right: Adequate/ Shifted

(D) Tongue Movement Toward Pressure***: Left 1/1 **or** 0/1 Right 1/1 **or** 0/1

Cheeks

General Observations and Responses to Pressure and Movement:

| | | | |
|----------------------|--|----------------------|--|
| Left Side | | Right Side | |
| (A) Range Upper (14) | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | (A) Range Upper (14) | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> |
| (A) Range Lower (16) | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | (A) Range Lower (16) | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> |
| (B) Strength (18a) | 1/1 or <u>4/5</u> or <u>3/5</u> or <u>2/5</u> or <u>1/5</u> or <u>0/5</u> | (B) Strength (18a) | 1/1 or <u>4/5</u> or <u>3/5</u> or <u>2/5</u> or <u>1/5</u> or <u>0/5</u> |

Jaw Response to Pressure and Movement

General Observations * **

| | | | |
|-----------------|----------|----------|--|
| | Stimulus | Patterns | Strength |
| Left Side (19) | | | (B) /20 (<u><7</u> or 7-16 or >16) |
| Right Side (19) | | | (B) /20 (<u><7</u> or 7-16 or >16) |

Tongue General Observations and Response to Pressure and Movement

Tongue Movement Toward Pressure ***

| | | | | |
|----------------|--|--|--|--|
| Lateral (20) | Lower Gum | Cheek | Upper Gum | (D) Midblade Elevation (23) |
| (D) Left | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> |
| (D) Right | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> | (D) Tongue Tip Elevation (22a) |
| Patterns Noted | | | | 1/1 or <u>2/3</u> or <u>1/3</u> or <u>0/3</u> |

| | |
|---|------------------------------|
| Soft Palate (page 71) General Observations | Hard Palate (page 72) |
| (E) Left 1/1 or 0/1 or 1/2 or 0/2 or 1/3 or 0/3 | (E) Contour |
| (E) Right 1/1 or 0/1 or 1/2 or 0/2 or 1/3 or 0/3 | (E) Vault |
| (E) Uvula | |

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Name _____

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ANALYSIS

Most Consistent Function Patterns (above 80%)

- (A) Range of Movement
- (B) Strength
- (C) Alignment
- (D) Tongue
- (E) Palate

Emerging/Inconsistent Patterns (35% to 80%)

- (A) Range of Movement
- (B) Strength
- (C) Alignment
- (D) Tongue
- (E) Palate

Most Unproductive Patterns (less than 35%)

- (A) Range of Movement
- (B) Strength
- (C) Alignment
- (D) Tongue
- (E) Palate

Diagnosis:

Recommendations: